



I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 2/21/06 Signature: \_\_\_\_\_

(David J. Powsner)

Docket No.: 102323-0131  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Scott A. Thieret et al.

Application No.: 10/756,172

Group Art Unit: 2625

Filed: January 12, 2004

Examiner: M. Seth

For: IMPROVED METHODS AND APPARATUS  
FOR BACK-PROJECTION AND FORWARD-  
PROJECTION

**TRANSMITTAL LETTER**

MS Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Comments on Statements of Reasons for Allowance (1 page);
2. Fee Transmittal (1 page);
3. Part B - Fee Transmittal (1 page); and
4. Postcard (in duplicate).

Our check in the amount of \$1,700.00 covering the required fees is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or

Application No.: 10/756,172

Docket No.: 102323-0131

which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 141449, under Order No. 102323-0131.

Dated: 2/21/06

Respectfully submitted,

By

David J. Powsner

Registration No.: 31,868

NUTTER MCCLENNEN & FISH LLP

World Trade Center West

155 Seaport Boulevard

Boston, Massachusetts 02210-2604

(617) 439-2000

Attorney for Applicant



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**COMMENTS ON STATEMENTS OF  
REASONS FOR ALLOWANCE**

MS Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Allowability mailed November 21, 2005, the Applicant neither adopts nor rejects the reasons for allowance stated by the Examiner.

Dated: 2/2/06

Respectfully submitted,

By \_\_\_\_\_

David J. Powsner

Registration No.: 31,868

NUTTER MCCLENNEN & FISH LLP

World Trade Center West

155 Seaport Boulevard

Boston, Massachusetts 02210-2604

(617) 439-2000

Attorney for Applicant



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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/756,172-Conf. #2103
		Filing Date	January 12, 2004
		First Named Inventor	Scott A. Thierel
		Examiner Name	M. Seth
		Art Unit	2625
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	102323-0131	
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>180.00</b>

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____	_____ x _____	_____
<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>
_____	<b>Fee Paid (\$)</b>	_____
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____	_____ x _____	_____
<b>Fee Paid (\$)</b>	<b>Fee Paid (\$)</b>	_____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ (round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

<b>SUBMITTED BY</b>		Registration No.	31,868	Telephone	(617) 439-2000
Signature		(Attorney/Agent)		Date	February 21, 2006
Name (Print/Type)	David J. Powsner				

**Fee Transmittal**  
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 21, 2006

Signature: 2/21/06 (David J. Powsner)



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Application No. (if known): 10/756,172

Attorney Docket No.: 102323-0131

## Certificate of Mailing under 37 CFR 1.8

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on February 21, 2006  
Date

Signature

David J. Powsner

Typed or printed name of person signing Certificate

31,868  
Registration Number, if applicable

(617) 439-2717  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

IDS (Citation) by Applicant (3 pages)